



**Wisconsin Landscape Contractors Association
Metro Milwaukee Chapter**

21620 Belgren Road • Waukesha • WI • 53186 • 262.782.9522 • Fax - 262.786.2424

wlca@wi.twcbc.com

APPLICATION FOR MEMBERSHIP

**2017
Annual
Dues**

Chapter Benefits Include or Offer

\$375.00

Monthly Dinner Meetings with Speakers, Monthly Chapter Newsletter, Golf Outing, Christmas Party, Foreman's Conference, Design & Management Seminar, Owner's Summit, Excellence in Landscaping Awards Program, International Landscape Certification Test, Company Website Link from Chapter Website and Reduced Rate Employment Advertising on Chapter Website.

WLCA State: Chapter dues include membership in the WLCA State Association.

NALP Affiliation: WLCA is a state member of the National Association of Landscape Professionals (NALP) which entitles WLCA members access to NALP educational publications and programs.

WLCA GOALS

- ◆ To promote and improve the image of "professional" landscaping.
- ◆ To encourage a high standard of professional ethics as well as quality workmanship in the landscape industry.
- ◆ To support legislation which is beneficial to landscape contractors, the general public and the environment and to oppose that which is not.
- ◆ To serve as a forum for the free exchange of ideas between landscape contractors and their suppliers.
- ◆ To create a higher degree of public appreciation for the landscape industry.
- ◆ To carry out a program of practical instruction for those engaged in landscaping through monthly meetings, special programs, seminars and publications.
- ◆ To work for a greener more beautiful Wisconsin.

Visit our website at...

www.findalandscaoper.org

Firm Name:

Address:

City/State/Zip:

Contact Name:

Phone Number:

Fax Number:

Email Address:

Website:

Description of Profession, Business or Operation:

Number of Years in Business:

Type of Business: Sole Proprietorship Partnership Corporation

Name of Principal

Phone Number:

Current WLCA Member Reference:

Other Organization or Associations of which you are a current member:

Industry Business References:

1. Firm Name:

Contact Name:

Phone Number:

2. Firm Name:

Contact Name:

Phone Number:

3. Firm Name:

Contact Name:

Phone Number:

**Mail completed application along with check for payment in full, made payable to WLCA Metro Milwaukee to:
WLCA • 21620 Belgren Road • Waukesha • WI • 53186**

Also payable by credit card:

Name on Card:

Billing Address

City

State

Zip

Phone Number:

Email Address:

Credit Card #:

Expiration Date:

CVV:

Signed

Title

Date
